QUARTERLY ESTIMATE PAYMENT Second Quarter (Due one month after end of quarter)

Federal Employer	Amount Paid	
Identification No.		
	Calendar Year; or	
Taxpayer's Account Number, Name and Address	Fiscal or part year, Month beginning_And Month Ending	
	Remit payment to	
	CITY OF TROY	
	INCOME TAX DIVISION 100 S Market St	
	Troy OH 45373	
	(937) 339-3861	FORM TQ-1
QUARTERLY ESTI Third Qu (Due one month afte	uarter er end of quarter)	
Federal Employer Identification No.	Amount Paid	
	Calendar Year; or	
Taxpayer's Account Number, Name and Address		•
	Fiscal or part year, Month beging And Month Ending	
	_	
	Remit payment to CITY OF TROY	
	INCOME TAX DIVISION	
	100 S Market St	
	Troy OH 45373	EODM TO 1
	(937) 339-3861	FORM TQ-1
QUARTERLY ESTING Fourth Q (Due one month after	uarter	
Federal Employer	Amount Paid	
Identification No.		
	Calendar Year; or	
Taxpayer's Account Number, Name and Address	Fiscal or part year, Month beginn And Month Ending	
	Remit payment to	
	CITY OF TROY	
	INCOME TAX DIVISION	
	100 S Market St Troy OH 45373	
	(937) 339-3861	FORM TQ-1